

Department of Labor and Industries
Specialty Compliance Services
PO Box 44450
Olympia WA 98504-4450
1-800-647-0982
360-902-5226
FAX 360-902-5812



Application for Agent Online Insurance Entry Access

Please type or print legibly. All requested information must be provided

Agency Information:

Agency Name:		WAOIC Number:	
Agency Owner or President Name:			
Agency Address:			
Street	City	State	Zip Code
Agency Phone Number:	Agency Fax Number:	Agency Email:	

Agency Certification Statement

1. I certify under penalties of perjury that the information provided above is correct.
2. I certify that the agent listed on the reverse side has the authority to act as the administrator for my agency.
3. I certify that the administrator listed on the reverse side will only authorize agents who have authority to provide the Contractor Registration/Electrical Licensing with evidence of general liability insurance on behalf of my agency.
4. I certify that if the administrator on the reverse side also enters insurance information they too are authorized to provide the Contractor Registration/Electrical Licensing with evidence of general liability insurance on behalf of my agency.
5. I certify that if an agent is no longer in my employment or is no longer authorized to provide evidence of insurance on behalf of my agency I will ensure that the administrator on the reverse side will revoke their access immediately.
6. I certify that if the administrator on the reverse side is no longer in my employment or is no longer authorized to delegate users I will immediately notify you to have their access removed. I understand that if I don't provide you with the new administrator my agents will no longer have access to the system.

Signature of Agency Owner/President:	Date:
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Agency Administrator Information:

Name (First, Middle, Last):		WAOIC Number:
Name of Agency:		
Phone Number:	Email Address:	
Processor/Speed:	Internet Browser:	
Internet Connectivity Speed		

Agency Administrator Certification Statement:

1. I certify under penalties of perjury that the information provided is complete and correct.
2. I understand that Contractor Registration has the right to deny this application.
3. I understand that if accepted the password assigned to me is for my use only and I further certify that I will not provide my password to anyone.
4. I understand that I am responsible for assigning and revoking access to insurance agents within my agency.
5. I understand that if an agent leaves my agency I am required to revoke their access immediately.

Signature of Agency Administrator:	Date:
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